

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacies
All Prescribers
Managed Care Plans
Nursing Home Administrators

Memorandum No.: 04-15 MAA
Re-Issued: March 29, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For More Information, call:
1-800-562-6188

Subject: Prescription Drug Program: Updates to the Preferred Drug List and Prior Authorization

Effective April 1, 2004 and after, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

- Administration of the Preferred Drug List (PDL) by Affiliated Computer Services (ACS);
- Process changes for Preferred Drug List (PDL);
- MAA's Preferred Drug List (PDL); and
- PDL Related Expedited Prior Authorization (EPA) Codes and Criteria

Administration of the Preferred Drug List (PDL) by Affiliated Computer Services (ACS)

ACS State Healthcare will assume responsibility for administering Washington State Department of Social and Health Services' (DSHS) Preferred Drug List (PDL) program effective April 2004.

ACS' administration of the PDL program includes a Prior Authorization process through which pharmacy providers obtain authorizations for medications designated as non-preferred.

Because the pharmacies call ACS for authorization, prescribers will no longer be required to call Therapeutic Consultation Service (TCS) for authorization of a non-preferred medication.

However, prescribers may be required to call TCS for medications in excess of the four brand name limitation depending on their endorsing status or if a non-preferred drug is requested (effective May 1st, 2004).

Preferred drugs will not count against the TCS program's four-brand limit regardless of endorsing status or DAW. When an endorsing practitioner indicates DAW for non-preferred drugs, the non-preferred brand will not count against the TCS four-brand limit. If a non-endorsing practitioner indicates DAW for a non-preferred drug, the non-preferred drug will count against TCS four-brand limit regardless of DAW indications on the prescription.



Note: Pharmacy providers must call **1-866-246-8504** or fax **1-866-446-3365** for prior authorization requests for non-preferred medications. Information required when requesting non-preferred medications includes diagnosis, previous therapy, reason (medical justification) for use of non-preferred drug and possible drug interactions/contraindications .



Note: Prescribers must call **1-866-246-8504** for prior authorization requests for medications in excess of the four brand name limit depending on endorsing status or if a non-preferred drug is requested.

Process changes for Preferred Drug List (PDL)

The changes are outlined in the table below.

Current TCS process	New TCS/PDL process
Therapeutic Consultation – full profile review between prescribing physician and ACS TCS pharmacist based on 4 brand per month edit	Will depend on endorsing status of prescribers (see page one).
Preferred Drug List override requests from prescribers handled by ACS TCS pharmacists	PDL override requests from pharmacy providers handled by ACS' prior authorization pharmacy technicians
Both PDL and TCS consultation requests (single call from physicians) handled by ACS TCS pharmacists	No change

MAA's Preferred Drug List

The following drug classes are added to MAA's Preferred Drug List effective **April 1, 2004**:

Drug Class	Preferred Drug
ACE Inhibitors	captopril captopril/HCTZ enalapril enalapril/HCTZ lisinopril lisinopril/HCTZ Altace (*EPA required)
Histamine-2 Receptor Antagonists (H2RAs)	ranitidine
Non-Sedating Antihistamines	All loratadine or loratadine/pseudoephedrine OTC products (prescription products are non-preferred)
Insulin-release stimulant type oral	glipizide

hypoglycemics	glyburide
Proton Pump Inhibitors (PPIs)	Aciphex Nexium Prevacid Protonix (no longer preferred after 5/1/04) OTC omeprazole* *OTC omeprazole will be the exclusive preferred PPI effective July 1, 2004
Statin-type cholesterol-lowering agents	lovastatin Lipitor Pravachol (*EPA required)
Triptans	Maxalt 10mg (not MLT) Imitrex tab/nasal/injectible

The following drug classes are added to MAA's Preferred Drug List effective the week of **May 3, 2004**:

Drug Class	Preferred Drug
Long-Acting Opioids	methadone methadose Oramorph SR morphine sulfate SA/SR

The following drug classes are added to MAA's Preferred Drug List effective **June 1, 2004**:

Drug Class	Preferred Drug
Beta Blockers	All generics: acebutolol, atenolol, betaxolol, bisoprolol, labetalol, metoprolol, nadolol, propranolol, propranolol ER, pindolol, timolol. Toprol XL (*EPA required-code and criteria will be published on a later date)
Calcium Channel Blockers	verapamil verapamil SA/SR/ER diltiazem diltiazem ER/XR/CR/SR nifedipine ER/SA/XL Norvasc

PDL Related Expedited Prior Authorization (EPA) Codes and Criteria

Drug	Code	Criteria
Pravachol® (pravastatin)	039	Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.

Altace® (ramipril)	020	Patients with a history of cardiovascular disease.
Avinza®(morphine sulfate), Duragesic® (fentanyl), Kadian® (morphine sulfate), Oxycontin® (oxycodone hcl), Brand MS Contin® (morphine sulfate), and Brand Dolophine® (methadone)	040	Diagnosis of cancer-related pain (effective week of 5/3/04)

For prior authorization requests for non-preferred medications:
Pharmacy providers must call **1-866-246-8504** or fax **1-866-446-3365**.

For prior authorization requests for medications in excess of the four brand name limitation:

Prescribers must call **1-866-246-8504**

Attached are replacement pages F.1 – F.6 for the Prescription Drug Program Billing Instructions dated February, 2003.

To obtain this memorandum or MAA's issuances electronically, go to MAA's website at <http://maa.dshs.wa.gov> (Click on the Provider Publications/Fee Schedules link).

Therapeutic Consultation Service (TCS)

[Refer to WAC 388-530-1260]

Overview of TCS

MAA provides a complete drug profile review for each client when a drug claim for that client triggers a TCS consultation. The purpose of TCS is to facilitate the appropriate and cost-effective use of prescription drugs. MAA-designated clinical pharmacists review profiles in consultation with the prescriber or the prescriber's designee by telephone.

TCS occurs when a drug claim:

- Exceeds four brand name prescriptions per calendar month; or

When a pharmacy provider submits a claim that exceeds the TCS limitations for a client, MAA generates a Point-of-Sale (POS) computer alert to notify the pharmacy provider that a TCS review is required. The computer alert provides a toll-free telephone number (866) 246-8504 to the pharmacy for the prescriber or prescriber's designee to call.

Drugs excluded from the four brand name prescription per calendar month review

Drugs excluded from the four brand name prescription per calendar month review:

- | | |
|----------------------|------------------------------|
| • Antidepressants | • HIV medications |
| • Antipsychotics | • Immunosuppressants |
| • Anticonvulsants | • Hypoglycemia rescue agents |
| • Chemotherapy drugs | • Generic drugs |
| • Contraceptives | |

What should I do when I get a POS computer alert for a TCS review?

Important Reminders:

- Physicians may have their designee call (866) 246-8504 for TCS consultations.
- Physicians or their designees may call for TCS consultations during the following time periods (Pacific Time):

Monday through Friday	8:00 am to 6:00 pm
Saturday	8:00 am to 1:00 pm
- If the TCS consultation cannot take place because the prescriber or prescriber's designee is unavailable, the pharmacy provider has the option to dispense an emergency supply of the requested drug. (Refer to page C.9 for information on emergency dispensing.)
- Pharmacy staff must call 1-866-246-8504 for authorization to fill prescriptions written by emergency room physicians that trigger the TCS edits. Do not ask emergency room physicians to call TCS.
- As drugs are added to the Preferred Drug List, their Expedited Prior Authorization (EPA) codes are no longer valid.
- Prescribers are requested to provide their DEA numbers to pharmacies.
- Pharmacists must include the MAA provider number or prescriber's DEA on all MAA pharmacy claims.
- Prescriptions for clients residing in skilled nursing facilities are not subject to TCS edits. However, MAA may retrospectively review the clients' drug profiles.

Pharmacy Requirements:

- The pharmacy provider must notify the prescriber that the prescriber or prescriber's designee must call the TCS toll-free telephone number (866) 246-8504 to begin a TCS consultation. Emergency room physicians are not to be contacted; pharmacy staff must call TCS instead.

Prescriber Provider Requirements:

- When the pharmacy provider contacts the client's prescriber, the prescriber or prescriber's designee must call the TCS toll-free telephone number (866) 246-8504 to begin a TCS review.
- After the prescriber or prescriber's designee and the MAA-designated clinical pharmacist review the client's drug profile and discuss clinically sound options and cost-effective alternative drug(s), the prescriber(s) may choose to do one of the following:
 - ✓ Change the prescription to an alternative drug or preferred drug and contact the client's pharmacy with the new prescription; or
 - ✓ Provide the MAA designee with the medical justification and continue with the brand-name drug; or
 - ✓ Not agree to prescribe an alternative drug or preferred drug and not provide medical justification for the requested drug. In this case:
 - The MAA designee authorizes a one-month supply of the requested drug with no refills and sends the initiating prescriber a copy of the client's drug profile and a therapy authorization turnaround form.
 - The prescriber signs the therapy authorization turnaround form and returns it to the MAA designee.
 - Upon receipt of the therapy authorization turnaround form, the MAA designee authorizes the prescription for up to 12 months, depending on the legal life of the prescription.

MAA's Preferred Drug List

MAA chooses a drug or drugs from a selected therapeutic class for placement on the preferred list when:

- There is evidence that one drug has superior safety, efficacy, and effectiveness compared to others in the same drug class; or
- The drugs in the class are essentially equal in terms of safety and efficacy; and
- The selected drug or drugs may be the least costly in the therapeutic class.

Drug Class	Preferred Drug(s)	Implementation Date
ACE Inhibitors	Captopril tab Captopril/HCTZ tab Enalapril tab Enalapril/HCTZ tab Lisinopril tab Lisinopril/HCTZ tab Altace cap (*EPA)	April 1, 2004
Beta Blockers	All generics: Acebutolol, atenolol, betaxolol, bisoprolol, labetolol, metoprolol, nadolol, propranolol, propranolol ER, pindolol, timolol. Toprol XL	June 1, 2004
Calcium Channel Blockers	Verapamil tab Verapamil SA/SR/ER/24H tab/cap Diltiazem tab Diltiazem ER/XR/CR/SR cap Nifedipine ER/SA/XL tab Norvasc tab	June 1, 2004
Estrogens	Estradiol tab Estrace vaginal cream	To be announced
Histamine-2 Receptor Antagonist (H2RA)	Ranitidine tabs/caps	April 1, 2004
Long-Acting Opioids (oral tabs/caps/liquids)	Methadone tab Methadone oral solution Methadose tab Oramorph SR tab Morphine sulfate SA/SR tab	May 1, 2004

Prescription Drug Program

Drug Class	Preferred Drug(s)	Implementation Date
Non-Sedating Antihistamines	All loratadine or loratadine/pseudoephedrine OTC products (prescription products are non-preferred)	April 1, 2004
NSAIDs (oral)	All generics: diclofenac sodium, diclofenac potassium, etodolac, etodolac ER/XL, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, nabumetone, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac, and tolmetin. <i>(generics still require EPA – must not have history of GI bleeding)</i>	To be announced
Insulin-release stimulant type oral hypoglycemics	Glipizide tabs Glyburide or glyburide micronized tabs	April 1, 2004
Proton Pump Inhibitors (PPIs)	Aciphex tab Nexium cap Prevacid cap Protonix tab	April 1, 2004
Skeletal Muscle Relaxants	Baclofen tab Chlorzoxazone tab Cyclobenzaprine tab Methocarbamol tab Methocarbamol/aspirin tab	To be announced
Statin-type cholesterol-lowering agents	Lovastatin tab Lipitor tab Pravachol tab (*EPA)	April 1, 2004
Triptans	Maxalt tab (not MLT) Imitrex tab/nasal/injectible	April 1, 2004
Urinary Incontinence	Oxybutynin tab/oral syrup	To be announced

This is a blank page.